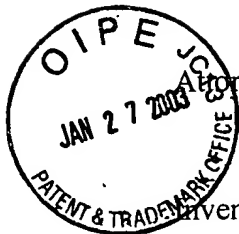


#16



Attorney Docket No.: FUJA 15.447 (100794-11007)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Inventor : Yumi SUZUKI
Chizu YOSHIOKA
Fumiyasu IGE

Serial No. : 09/162,849

Filed : September 29, 1998

Title : **INFORMATION PROCESSING METHOD AND
INFORMATION PROCESSING APPARATUS**

Examiner : Charles E. Anya

Group Art Unit : 2126

January 24, 2003

Commissioner for Patents
Box DAC
Washington, D.C. 20231

PETITION FOR EXTENSION OF TIME

Sir:

Applicant requests that the time for taking action in this case be extended pursuant to 37 CFR 1.136(a) for:

☐ one month ☒ three months
☐ two months ☐ four months

The fee set in 37 CFR 1.17 for the extension of time is \$930.

☐ Fee enclosed. Please charge any additional fee required for this extension of time to Deposit Account No. 50-1290. A duplicate copy of this paper is enclosed.

☒ Charge fee to Deposit Account No. 50-1290. A duplicate copy of this paper is enclosed.

☐ Applicant is a small entity entitled to pay reduced fees in this application.

A verified small entity statement:

☐ has been filed ☐ is enclosed.

Any fee due with this paper may be
charged to Deposit Account No. 50-1290.

Filed by Express Mail

Receipt No. 2109642472945

on Jan 27-03

pursuant to 37 C.F.R. 1.10.

By Patricia M. Hine

Adjustment dates: 03/12/2003 AKELLEY
01/29/2003 RNDNDAF1 00000178-501290 09162849
03 FC:1253 930.00 CR

11116521.01

09162849

01/29/2003 RNDNDAF1 00000178 501290

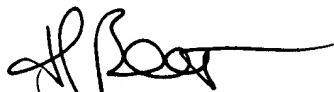
930.00 CH

03 FC:1253

Also enclosed is a:

- (X) Response () Notice of Appeal () Appeal Brief
(X) Petition under C.F.R. 1.137(b)

Respectfully submitted,



Thomas J. Bean
Reg. No. 44,528

CUSTOMER NUMBER 026304

KATTEN MUCHIN ZAVIS ROSENMAN 575 Madison Avenue
New York, NY 10022-2585
(212) 940-8703
Docket No.: FUJA 15.447
TJB:pm

RECEIVED

JAN 29 2003

OFFICE OF PETITIONS

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: 3/10/03

2 Serial/Patent # 09/162,849

3 Please refund the following fee(s):

4 PAPER
NUMBER

5 DATE
FILED

6 AMOUNT

Filing

\$

Amendment

\$

Extension of Time

#16

1/27/03

\$ 930.

Notice of Appeal/Appeal

\$

Petition

\$

Issue

\$

Cert of Correction/Terminal Disc.

\$

Maintenance

\$

Assignment

\$

Other

\$

7 TOTAL AMOUNT
OF REFUND

\$ 930.

8 TO BE REFUNDED BY:

Treasury Check

Credit Deposit A/C #:

9 5011290

10 REASON:

Overpayment

Duplicate Payment

No Fee Due (Explanation):

Extension of time filed after maximum extendable period for reply.

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME:

TITLE:

SIGNATURE:

PHONE:

OFFICE:

***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****

APPROVED:

DATE:

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**

BEST AVAILABLE COPY
INSTRUCTIONS FOR USING REQUEST FOR PATENT FEE REFUND FORMS
[FORM NUMBER PTO-1577]

Fill out the form completely, and print or type all information.

1. **DATE OF REQUEST:** Enter the date you fill out the form.
2. **SERIAL/PATENT #:** Enter the Serial or Patent Number.
3. Enter a check mark or an X in the box preceding the type of fee to be refunded. If the fee you are refunding is not listed, place a check mark or an X in the box preceding "**Other** _____" and print or type the fee type on the following blank line.
4. **PAPER NUMBER:** Enter the **PAPER NUMBER** of the document for which a refund is requested. [**PAPER NUMBER** refers to the sequential number (on the outside of the official file wrapper) assigned to the document. If the document has no number assigned to it, you may leave this box blank.]
5. **DATE FILED:** Enter the Mailroom Date of the document for which a refund is requested.
6. **AMOUNT:** Enter the dollar amount of the refund.
7. **TOTAL AMOUNT OF REFUND:** Add the dollar amounts in the column labeled **AMOUNT** and enter the total in the box.
8. **TO BE REFUNDED BY:** Enter a check mark or an X in the box preceding **TREASURY CHECK OR CREDIT DEPOSIT A/C #** to indicate how the refund is to be made. Requests to credit a Deposit Account must be accompanied by formal authorization to credit the account. Formal authorization to credit a deposit account consists of a copy of the signed statement by the owner of the Deposit Account granting the Commissioner permission to credit their account, stamped with the **FEE ACCOUNTABILITY STAMP** with the amount of the refund circled.
9. **DEPOSIT ACCOUNT NUMBER:** If refund is by credit to a Deposit Account, enter the Deposit Account Number.
10. **REASON:** Enter a check mark or an X in the box preceding the reason the refund is being requested. If there is no fee due, enter the reason on the 3 blank lines provided.
11. **REFUND REQUESTED BY:** Only PTO personnel formally authorized to request refunds should enter their **NAME, TITLE, PHONE NUMBER, OFFICE** and **SIGNATURE** on these blanks. Supervisors shall provide the Office of Finance with an advance list of personnel authorized to sign this form.

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